Reentry Trauma: The Shock of Returning Home

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SalusWorld is an international NGO focused on healing the scars caused by human rights violations worldwide. We provide education, training, and conduct research focusing on trauma, PTSD, depression, anxiety, and responses to stress, trauma and torture. We partner with community based organizations, working together to implement mental health treatment services in a culturally appropriate manner. In addition to training and capacity building initiatives, we are an NGO for NGOs, recognizing the effects of vicarious trauma on humanitarian workers and the need for debriefing for healthy reintegration.

The hardest part about reentry is that people seemingly do not care how my life had been transformed and reconciling that with the people and things that had remained the same at home ~ Aid Worker, Uganda

Humanitarian aid workers respond to isolated and protracted instances of disasters in unpredictable environments. The cycle of cultural adjustment begins with a plan to work internationally and continues through return home. Culture shock and reentry shock are not isolated events but rather part of the total adjustment process that stretches from pre-departure to reintegration at home.

Research suggests there are evident secondary effects of working with traumatized populations. This secondary effect has been referred to with a myriad of names, but the most common referent is “vicarious traumatization” (McCann & Pearlman, 1990). While the prevalence of Posttraumatic stress disorder in aid workers is similar to that of the general population, this fails to display to full extent of working with traumatized populations in global humanitarian disasters (Kessler, Sonnega, Bromet E, Hughes, & Nelson, 1995).

Aid workers often show signs of vicarious trauma at subclinical levels in a manner similar to emergency personal who suffered exposure to a disaster or other work trauma (Marmar, Weiss, Metzler, Ronfeldt, & Foreman, 1996). They also deal with unique layers of stress as professionals accustomed to western comforts: the change to living in a foreign environment is quite shocking. Suddenly, workers become the living face of their organization 24-7, their behavior directly impacts the reputation of their organization, and every move they make is subject to intense scrutiny. This claustrophobic environment is further magnified by location restrictions due to security risks.

Following the end of an overseas contract, aid workers return home exhausted from the strain and stress of working abroad and uncertain of what to do with the new profound and unsettling knowledge that human beings and Mother Nature often do not act humanely. A need for “down time” is complicated by the myriad of issues that must be faced upon returning home, these changes are often misunderstood or ignored at home.

International aid workers often feel guilt upon leaving their treatment locale and have few avenues to discuss and process the work performed abroad (Hearns & Deeny, 2007). Reintegration processes need to be established to best support the psychological health of an individual returning from abroad. These processes need to address changes in an individual’s altruistic identity that occur in working on a humanitarian mission and the personal vacuum that is created upon leaving that environment (McCormack, Joseph, & Haggar, 2009). Returning workers often report feeling that seeking help would show personal weakness (Kaur, 1996) or trivialize the plight of the populations they worked with (Grant, 1995).

As the end of a contract draws near, workers often feel a variety of mixed emotions. Aid workers want to have helped, to be missed, to stay longer, to depart gracefully, to be told their work was valued, and, upon return, to be able to effectively communicate how their work changed them. One returnee explained, “Living and working abroad has a deep, profound effect on a person - an effect one doesn’t realize until they return home and find themselves desperately hanging on to what they have left behind.” (Aid Worker, Liberia) However, at home, behavioral changes are often more readily apparent than inner transformation.
The environmental change of returning home can result in odd behaviors. “It’s so tough to return to your own ‘reality’ and realize that you don’t necessarily agree with your life or your culture or the values underlying it.” (Aid Worker, Sudan) Returning aid workers have refused to buy furniture for their apartment because the communities left behind could not afford it, slept in hammocks outside because of a need for space, or slept in a sleeping bag atop a western mattress after weeks of doing so outdoors. These changes are often tied to personal struggles with frustration and guilt over the large number choices they have for everything while the communities they left have few resources.

Organizations need to be accountable to their aid workers in the same manner they are accountable to their target populations. A return protocol might include debriefing, psychological assessment, psychosocial rehabilitation with family, community, and workplace, and psycho-educational sessions for both the aid worker and family members. While many of the structures needed to manage vicarious traumatization are provided within the structure of the organization, individual fears often prevent successful implementation, requiring the outsourcing of interventions. These interventions will need to target the sense of belonging, control, social support, and altruistic identity effected by the return home (McCormack, Joseph, & Haggar, 2009). Utilizing new technology with well-trained clinicians, offers the possibility of regular support with aid workers in the field.

The adventure of international aid work is not a cursed fate. Our responsibility as a community is to identify and limit the risks and harms of humanitarian service. SalusWorld attempts to do this and understands that international humanitarian crisis situations are as horrifying for the local population as for the national and international staff there to offer support and services. It is difficult to be intimately intertwined with personal suffering without returning home with that weight. In an effort to help aid workers, SalusWorld offers support in the form of experiential workshops, individual counseling, remote counseling, debriefings, and in service trainings on topics of vicarious trauma, compassion fatigue, and burnout.

**ABOUT THE AUTHORS**

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**REFERENCES**


Various Authors. *Untitled.* Unpublished material, on file with authors.